

Grand Valley Health Plan HMO

For the Employees of State of Michigan

EFFECTIVE 10/13/02

The Grand Valley Health Plan services listed below are covered when provided, arranged, or authorized by affiliated physicians at affiliated Health Centers and hospitals.

HMO Benefit Summary

Deductible	None	
Office Visit Co-pay (with medical providers i.e., Specialist, Physician, Physician Assistant or Nurse Practitioner)	\$10 copayment	
Out of Pocket Maximum	Not applicable.	
Lifetime Maximum	None	
Claim Forms	None	
Primary Care Services		
Preventative Service (Immunizations, Vaccinations, Health Education Classes)		
Nutritional Counseling	Covered in full.	
Office Visits	\$10 co-payment	
Lab & X-ray	Covered in full.	
Physical, Speech & Occupational Therapy (short term limited to 60 days.)	Covered in full.	
Voluntary Sterilization	Covered, \$400 per member.	
Secondary Care Services		
Specialist Care	\$10 co-payment for office visit.	
Lab & X-ray	Covered in full.	
In Office Surgery	Covered in full.	
Allergy Testing & Treatment	Covered in full after \$10 office visit co-payment.	
Allergy Serum	Covered, \$500 maximum per member per year.	
Infertility Diagnosis & Rx (one lifetime benefit)	50% copay.	
Facility Services		
Inpatient		
Semi-private Room, Ancillary Service, Physician Charges, Lab, Pathology, Diagnostic & Therapeutic Radiology, Anesthesia	Covered in full.	
Outpatient		
Recovery room, Ancillary Service, Physician Charges, Lab, Pathology, Diagnostic & Therapeutic Radiology, Anesthesia	Covered in full.	
Behavioral Health (Mental Health/Substance Abuse)		
Outpatient Mental Health (short term crisis intervention, maximum of 20 visits in a 12 month period.)		Subject to a \$10 co-pay per individual session, \$10 per group session, no co-pay for education classes.
Inpatient Mental Health		Covered, 30 days maximum per member per year.
Substance Abuse (Inpatient/Outpatient) (State mandated amount per member per year maximum benefit.)		Acute detoxification covered and one 28 day residential treatment program every 24 months.
Pharmacy Services		
Outpatient Prescriptions including Insulin & syringes (90 day supply of certain designated medications available for one copayment.)		\$5 co-payment for generic drugs \$10 co-payment for brand name drugs.
Oral Contraceptives		See Out-patient prescriptions.
Vision		
Eye exam, prescription lenses, frame and contacts.		Discounts available at any SVS Shoppe.
Hearing Care		
Audiometric exam and evaluation Hearing Aid		Covered in full up to \$100 per exam. Provided once every 36 months, up to \$700 per ear. Basic models only.
Emergency Care		
Emergency room visit (copay waived if admitted to hospital.)		Provided with \$50.00 copay
Urgent Care Centers		\$10 copay
Ambulance ((\$50.00 copay for out-of-area or unaffiliated services.)		Covered in full for participating companies.
Other Services		
Skilled Home Health Care		Covered in full in lieu of hospitalization.
Skilled Nursing Facility (maximum 45 days in a 12 month period.)		Covered in full
Prosthetic Devices (medically necessary, repair/replacement for normal wear & tear.)		Covered in full.
Durable Medical Equipment		Covered in full.
Chiropractic Care		Covered in full. Health Center approval required.
Human Organ Transplants		Covered to subject to program guidelines and approved facilities.
Enrollment of Dependents		Covered in full. Full-time dependent and unmarried students are covered until age 25. Out-of-area sick care covered up to 70% of GVHP fee schedule with member responsible for any remaining balance.
Affiliated hospitals include St. Mary's Hospital, Spectrum Health East, Spectrum Health Downtown and Metropolitan Hospital. Affiliated ambulance companies include Life EMS, Mercy Amb., Northwest Amb., Wayland Amb., Lowell Ambulance and Rockford Ambulance. Affiliated ambulatory surgical center include Grand Valley Surgical Center. This information is provided in summary for ease of comparison only. Refer to your plan booklet for details. In the event there is a discrepancy between the information presented here and the plan document or carrier's contract, the plan document or contract controls.		

